

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">09/869891</div>	<small>FILING DATE</small> 					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			/				TOTAL IND.						
TOTAL DEP.			13				TOTAL DEP.						
TOTAL CLAIMS			14				TOTAL CLAIMS						